



**CATAWBA COUNTY GOVERNMENT
BUILDING SERVICES DIVISION
EXPRESS PLAN REVIEW**

REQUEST APPLICATION

Requested Date for Review: _____ Date Application Received: _____ (Staff Use)

☐ New Building* ☐ Addition ☐ Alteration ☐ Phased Construction
☐ Change of Occupancy ☐ Interior Up-fit

* A valid address must accompany this form please contact the following individuals to verify your address.
Catawba County: Beth Mathis (828) 465-8147, City of Hickory: Heidi Hedrick (828) 323-7456.

Project Information:

Project: _____ Date: _____
Address: _____ Suite #: _____
Zoning of Site: _____ Parcel Identification #: _____

Project Design Coordinator:

Name: _____ Firm: _____
Phone # _____ Fax : _____ Cell # _____
Email Address : _____

Project Designers of Record (All must be NC Licensed):

Owner: _____	Architect: _____
Structural: _____	Plumbing: _____
Mechanical: _____	Electrical: _____
Fire Protection: _____	Fire Alarm: _____
Civil: _____	Landscaping: _____
Metal Building: _____	Truss: _____

Health Department (Facility Type)

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Food Stand / Deli	<input type="checkbox"/> Meat Market	<input type="checkbox"/> Seafood (Cooking)
<input type="checkbox"/> School Lunchroom	<input type="checkbox"/> Commissary	<input type="checkbox"/> Lodging	<input type="checkbox"/> Bar Service (no food)
<input type="checkbox"/> Child Care	<input type="checkbox"/> Adult Daycare	<input type="checkbox"/> Residential Care	<input type="checkbox"/> School Building
<input type="checkbox"/> Hospital	<input type="checkbox"/> Migrant Housing	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Public Pool
<input type="checkbox"/> Local Confinement	<input type="checkbox"/> Other _____		

Seating Capacity: _____ Utensils: ☐ Disposable ☐ Re-usable

Water source: ☐ Municipal ☐ Community ☐ Private (Well)

Sewage: ☐ Municipal ☐ Community ☐ Private (septic system)

Catawba County Food Service Plan Review Application must be completed and submitted with this application if establishment is a food handling establishment.



Express Plan Reviewed (Continued)

Building Data

Hazardous Occupancies or buildings that contain Group H occupancies are not permitted through EPR.

Code to be reviewed under: ☐ 2002 NC Bldg Code ☐ 2002 NC Bldg Code Ch. 34 ☐ NC Rehab Code
☐ Assembly Type A- ____ ☐ Business ☐ Educational ☐ Mercantile
☐ Factory/Industrial Type F- ____ Describe the operations?
☐ Institutional: Type I - ____ Use Condition #: ____ ☐ Residential Type R- ____
☐ Storage: Type S - ____ (Identify what is being stored) _____

Parking Garage: ☐ Open ☐ Enclosed ☐ Repair ☐ Utility
Secondary Occupancy: _____
Special Occupancy: ☐ 508.2 ☐ 508.3 ☐ 508.4 ☐ 508.5 ☐ 508.6 ☐ 508.7 ☐ 508.8
Mixed Occupancy: ☐ Yes ☐ No Separated Use: ☐ Yes ☐ No Hourly Rating: ☐ 1 ☐ 2 ☐ 3 ☐ 4
Un-separated Use: ☐ Yes ☐ No
Type of Construction: ☐ I-A ☐ I-B ☐ II-A ☐ II-B ☐ III-A ☐ III-B ☐ IV ☐ V-A ☐ V-B
Mixed Construction: ☐ Yes ☐ No Types: _____
Building Height in Feet: _____ Number of Stories: _____ ☐ Unlimited Per Section: _____
Mezzanine: ☐ Yes ☐ No High Rise ☐ Yes ☐ No Elevator: ☐ Yes ☐ No
High Pile Storage ☐ Yes ☐ No If yes, what is the total square footage, height and items being stored? _____

Will hazardous materials be stored, used or handled? ☐ Yes ☐ No

Gross Building Area:

Floor:	Existing (Sq. Ft.)	New (Sq. Ft.)	Sub-Total (Sq. Ft.)
Basement			
First Floor			
Mezzanine			
Second Floor			
Third Floor			
Fourth Floor			
Totals:			
Are you using an unlimited area provision? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes identify section #: _____			



Express Plan Reviewed (Continued)

Life Safety

Will the building have a sprinkler system? ☐ Yes ☐ No NFPA System Type: ☐ 13 ☐ 13D ☐ 13R
Will the building have a standpipe? ☐ Yes ☐ No Class of System: ☐ I ☐ II ☐ III ☐ Wet ☐ Dry
Will the building have a fire pump? ☐ Yes ☐ No If Yes: ☐ New ☐ Existing
Will the building have a smoke detection system? ☐ Yes ☐ No
Will the building have a fire alarm system? ☐ Yes ☐ No
Will the building have an atrium? ☐ Yes ☐ No
Will the building have a smoke removal system? ☐ Yes ☐ No
Does the project involve any underground piping or fire sprinkler work? ☐ Yes ☐ No
If yes, describe the type of work. _____

Plumbing Fixture Requirements

Occupancy	Water-closets		Urinals	Lavatories		Showers/ Tubs	Drinking Fountains	
	Male	Female		Male	Female		Regular	Accessible

Zoning Information

Type of Business: (Be specific such as office, medical clinic, retail clothing, retail optical, restaurant, etc.
Previous type of business: _____ Proposed type of business: _____
Does the site have off street loading and unloading? ☐ Yes ☐ No
Does the site have off street parking? ☐ Yes ☐ No
Does the site have both accessible and van accessible parking? ☐ Yes ☐ No
Does the site have a landscaping plan for screening and buffering? ☐ Yes ☐ No
Description of proposed work: Note: Failure to accurately describe work may lead to expulsion from review.